



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
REAL ESTATE APPRAISER COMMISSION  
500 JAMES ROBERTSON PARKWAY, SUITE 620  
NASHVILLE, TENNESSEE 37243  
615-741-1831

AFFIDAVIT OF SUPERVISING APPRAISER

I have reviewed pages \_\_\_\_\_ through \_\_\_\_\_ of the experience log of \_\_\_\_\_, and I attest to the accuracy of the information as completed.

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Printed Name of Sponsor

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STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_